

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Emerson Healthcare LLC

Attn: Maria Fiore

407 E. Lancaster Avenue

Wayne, PA 19087

Emerson Healthcare

Attn: Patrick Gibbons, President

407 East Lancaster Ave.

Wayne, PA 19087

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Emerson Healthcare LLC

Attn: Patrick Gibbons, Pres

Ed Morgan

701 Market St.

Philadelphia, PA 19106-1538

Emerson Healthcare, LLC

Attn: Patrick Gibbons, Pres

Ed Morgan

407 E. Lancaster Avenue

Wayne, PA 19087

Emerson Healthcare LLC

Attn: Maria Fiore

407 E. Lancaster Avenue

Wayne, PA 19087

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name:

Gini L. Downing

Pachulski Stang Ziehl & Jones LLP

10100 Santa Monica Blvd.

13th Floor

Business Address:

Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <div style="display: flex; justify-content: space-between;"> C. Date of Delivery 2/12 </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Emerson Healthcare LLC Attn: Maria Fiore 407 E. Lancaster Avenue Wayne, PA 19087</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
 9590 9402 3367 7227 2943 12	
<p>2. Article Number (Transfer from service label) 7017 2400 0000 3936 7234</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

Domestic Return Receipt

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